State Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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99-4250

TOTAL PAGES IN ENTIRE CFA-4 REPORT

1. Full name of committee (as on Statement of Organization)		· · ·	elektrikalde om læsta
PROUD CITIZENS FOR SCHUL	TZ		·
2. Acronym or abbreviated name, if any	3. Committee ( 3/7	telephone number ) 624 - 318	9 4424 7 1444 7 1442
4. Mailing address (address where all campaign finance correspondence is received)	eck if this is a ne	ew address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
949 E. SOUTHERN AVE.		•	
5. City, state, ZIP code INDIANAPOLIS, IN 46203		tion (if applicable)	
CANDIDATE INFORMATION (For Cand			
7. Full name of candidate linetude any nickname)		tion or if independent	
RAYMOND C. SCHULTZ (RAY)	REP	UBLICAN	
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of	residence RION	
TYPE OF REPORT	(A)	CONVENTIO	N CANDIDATES ONLY
11. Check one:	, .	Check one:	**: ,
Pre-Primary 🔲 Pre-Election 🔀 Annual 🔲 Final / Disbands Committee (lines 18, 19, an	d 20 must be "0"	Pre-Convention	on ,
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Conventi	ion
12. Reporting period:		COLUMN A	COLUMN B
From: JANUARY 1, 2001 Through: DECEMBER	31, 2001		Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		5,068.92	
14. Cash on hand and investments January 1, current year.	_		5,068.92.
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contri	ibutions.)		
15a. Itemized (use Schedule A)		0.00	0.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	5,068.92	5,068-92
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  EXPENDITURES	TOTAL	5,000.72	3,088474
(Note: These amounts include in-kind expenditures and loan repayments.)	Spaggage Top a like pa		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		500.00	500,00
17b. Unitemized	٠,	0.00	0.00
17c. Add lines 17a and 17b in both columns	SUBTOTAL	500.00	500.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both cold		4,568.92	4,568.92
19. Debts OWED BY the committee (use Schedule D)		0.00	
20. Debts OWED TO the committee (use Schedule E)		0.00	
		· · · ·	
<ul> <li>And Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-</li></ul>		•	

Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

FOR OFFICE USE ONLY

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State Form 4608 (R3 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FIL	E NUMBER		
	99-	4250		
Page	/	of	9	

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED
FULE WAILING ADDRESS (street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest I Loan Misc (specify)			
Contributor's Occupation (if required)				
	Contributions:  Direct In-Kind (describe)	or and the		rawa aya a
	Other Receipts:			<b>&gt;</b>
Contributor's Occupation (# required)	☐Interest ☐Loan ☐Misc (specify)			·
3.	Contributions:			
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	Other Receipts:		4 4. <b>2</b> 9	and the second
	☐ Interest ☐ Loan ☐ Misc (specify)	• .	•	
Contributor's Occupation (frequired)				
4.	Contributions:  Direct In-Kind (describe)		3.5°	
	Other Receipts:  Interest Utoan Misc (specify)			
Contributor's Occupation (I required)				
5.	Contributions: ☐ Direct ☐ In-Kind (describe)		- 1	
	Other Receipts:  Interest □Loan  Misc (specify)	·		
Contributor's Occupation (frequired)				
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State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code)	<del></del>			
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	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc (specify)			
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	Other Receipts:	·	, ,	. ,
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	Other Receipts:	•		
	☐ Interest ☐ Loan ☐ Misc (specify)			
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	Contributions:	* ,, - * **		
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	Other Receipts:	* - *		
	☐Interest ☐Loan ☐Misc (specify)	·		•
	Contributions:		-	·
	☐Direct ☐In-Kind (describe)			
	□ In-Kind (describe)		·	. 1
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	Other Receipts:	-		1,
,	☐ Interest ☐ Loan ☐ Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Pieace type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	3	of	9.	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			
	Cther Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
<b>2.</b>	Contributions:  Direct In-Kind (describe)			and the second
and the second of the second o	Other Receipts:    Interest   Loan   Misc (specify)		., , , , ,	
	Contributions:  Direct In-Kind (describe)			
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	,		
4.	Contributions:  Direct In-Kind (describe)	i gja kom i		
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
<b>5.</b>	Contributions:  Direct In-Kind (describe)			
	Other Receipts:	",		
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State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY

#### POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as ioan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	4	of	9	/33	
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)			-
	Other Receipts:  Interest I Loan Misc (specify)		•	
2.	Contributions:  ☐ Direct ☐ In-Kind (describe)			
	Other Receipts: □ Interest □ Loan □ Misc (specify)			
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	Other Receipts:  Interest I Loan  Misc (specify)			
	Contributions:  Direct In-Kind (describe)			
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST CNLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or pint legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
1.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest I Loan  Misc (specify)			
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s.  - Office and the control of the	Contributions:  Direct In-Kind (describe)	ा ( करेन्द्रिक स्त		1.000×3.340× 131 - 101 - 1
	Other Receipts:    Interest   Loan   Misc (specify)			
	Contributions:  Direct In-Kind (describe)			**************************************
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en e	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest □ Loan  Misc (specify)			
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#### REPORT OF RECEIPTS AND EXPENDITURES

\*State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-5-14) Approved by State Board of Accounts 1999

#### (CFA-4 SCHEDULE B) OF A POLITICAL COMMITTEE

Itemized Expenditures

FILE N	UMBER	<u>:</u>	
99 -	42.	50	
Page 6	of	9	·

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	<b>2000</b>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE NUMBER	
	99 - 4250	
Page	7 of 9	

INSTRUCTIONS: Please type or print legibly IN BLACKINK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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		PUBLIC QUESTION INFO	RMATION				
Enter Text of Public Question					,	) <u></u>	
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE		EXPENDITURE specific)	COLU AMOUN PER	IT THIS CU	OLUMN B MULATIVE IR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE D) Debts Owed by This Committee

	FILE	NUMB	ER		
	99-	42.	50	-	
Page	8	of	9		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, Individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME  & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(street, number, city, state, ZIP code)					
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### REPORT OF RECEIPTS AND EXPENDITURES ----

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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